

## **Church Partnership Form**

## I. TO THE PARENTS:

As part of the application process, we ask parents to share their desire for a Christian education with their pastor.

Please print your information and then deliver this form to your Church home.

Parents Name:	Father		
	(First)	(Last)	
	Mother (First)	 (Last)	
Child(ren) Name(s	, ,	(,	
Family Address:			
Primary Telephone	e Number:		
Church Name:			
Church Address: _			
Church Telephone	:		
It is the mis students fo perspective We seek to	or service in God's world by in e.  Join you in educating the wh	in partnership with Christian parents and their churches, to contegrating academic excellence with a distinctively Christian ole child-mind, body and soul in Christian Community. Your strength to us as we faithfully hold our church families in pray	
partnership:		u believe will be helpful for us to know as we enter this	
		r signature signifies that this family is a part of your church rns in this regard, please contact Kevin Sall 616.676.1289	
Pastor Signature: _			
Print Name:		Date:	

Please return this form directly to Ada Christian School, 6206 Ada Drive SE, Ada, MI 49301 A return Envelope is provided for your convenience. Thank you in advance for your support